



RECORDS DESTRUCTION NOTIFICATION

State Form 16 (R7 / 4-05)

COMMISSION ON PUBLIC RECORDS

Mail To: Commission on Public Records
402 West Washington Street Rm. W472
Indianapolis, IN 46204

- INSTRUCTIONS:** 1. Please type or print legibly.
2. Forward completed notification to address in the upper right corner of this form.
3. Signature must be signed by hand.

These records will be destroyed in accordance with I.C. 5-15-5.1.

Name of Agency		Name of Division		Date of Destruction (month, day, year)
Records Series Title		Records Series Number	Date of Records (month, day, year)	
Method of Destruction	Cubic Feet Destroyed	<input type="checkbox"/> Courtesy Destruction	Location of Boxes	
Signature of Agency Records/Forms Coordinator			Date (month, day, year)	
FOR RECORDS CENTER USE ONLY				
Location		Box Number(s)		
Accession Number		Destroyed By:		
FOR RECORDS MANAGEMENT USE ONLY				
<input type="checkbox"/> Approved		<input type="checkbox"/> Not Approved (See attached for explanation.)		<input type="checkbox"/> Transfer to State Archives (Do not destroy.)
Signature of Records Management Staff				Date (month, day, year)

DISTRIBUTION: White - Records Management; Canary - Agency; Pink - Records Center